

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF JIMMIE LEWIS	COURT CASE NUMBER CA. NO. 04-1350 (GMS)
DEFENDANT MR. JOHNSON AKA JOHN DOE	TYPE OF PROCESS
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DELAWARE PSYCHIATRIC CENTER, MITCHELL BUILDING
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1901 N. DUPONT HWY, NEW CASTLE, DE 19720
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
JIMMIE LEWIS, SBI#506622	
DEL. CORR. CENTER	
SMYRNA, DE 19977	
Number of process to be served with this Form - 285	1
Number of parties to be served in this case	7
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

MR. JOHNSON AKA JOHN DOE, IS A 5-4 AFRICAN AMERICAN MALE, BALD HEADED, WEARS GLASSES, COCA BROWN COMPLEXION, HIM AND HIS BROTHER ARE BOTH EMPLOYED AT THE DELAWARE PSYCH. HOSPITAL, ASSISTED D. MOFFITT & LANCE SAPER. REMOVE M + M'S FROM MY POSSESSION ON 6/14/2004, HRS 3 PM TO 11 PM MITCHELL (FORMA PAUPERIS)

Signature of Attorney or other Originator requesting service on behalf of:

Jimmie Lewis

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

3/18/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk PIC	Date 4-28-06
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service **7/17/06** Time _____ am
pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Unknown - Ref. unexecuted

FILED
U.S. DISTRICT COURT
DISTRICT OF DELAWARE
JUL 18 AM 9:09